

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-034255

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 8689

STATE FILE NUMBER

FILED SEP 6 1963

1. PLACE OF DEATH

a. COUNTY - - -

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN St. Louis, Mo.

Length of stay in 1b
lifetime

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo. b. COUNTY - - -

c. CITY OR TOWN St. Louis

Inside Limits
Yes ☒ No ☐

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION St. Anthony Hospital

Inside Limits
Yes ☐ No ☐

d. STREET ADDRESS (If outside, give location)
4246 Schiller Place

Reside on Farm
Yes ☐ No ☒

3. NAME OF DECEASED A/K/A First Edward Joseph Yenicek Last
(Type or print) Edward J. Yenicek

4. DATE OF DEATH Month Day Year
August 26, 1963

5. SEX
M

6. COLOR OR RACE
W

7. Married ☒ Never Married ☐
Widowed ☐ Divorced ☐

8. DATE OF BIRTH
3-19-13

9. AGE (last birthday)
50

IF UNDER 1 YEAR
Months Days

IF UNDER 24 HR
Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
cook

10b. KIND OF BUSINESS OR INDUSTRY
Extract & Preserving House Springs, Mo.

11. BIRTHPLACE (City and state or country)
U.S.A.

13a. FATHER'S NAME
Frank W. Yenicek

13b. MOTHER'S MAIDEN NAME
Emma Stalley

14. NAME OF HUSBAND OR WIFE
Melba R. Yenicek

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of)
no

16. SOCIAL SECURITY NO.
6

17. INFORMANT Address
Mrs. Melba R. Yenicek 4246 Schiller Pl.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Cerebral Thrombosis

INTERVAL BETWEEN ONSET AND DEATH
11 days

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

3327

PART II: OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?
YES ☐ NO ☒

20a. ACCIDENT SUICIDE HOMICIDE
☐ ☐ ☐

20b: DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐
NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from Jan 1963 to Aug 26 1963 and last saw her alive on 8-26-63
Death occurred at 10:45 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title)
J. H. Orndy M.D.

22b. ADDRESS
5203 Chrysi

22c. DATE SIGNED
8-27-63

23a. BURIAL, CREMATION, REMOVAL (Specify)
Removal-car

23b. DATE
8-30-63

23c. NAME OF CEMETERY OR CREMATORY
Catholic Cemetery

23d. LOCATION (City, town, or county)
House Springs, Mo.

24. FUNERAL DIRECTOR
HOFFMEISTER COLONIAL MORTUARY

ADDRESS

SAW

25. DATE RECD. BY LOCAL REG.
AUG 27 1963

26. REGISTRAR'S SIGNATURE
Rosal Smith M.D.

6464 Chippewa

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

DATE AMENDED

VS 300
Rev. 4/59

1

2 215

3 2

4 0

5 1

6

7 0

8 2

9

10

11

12 730

13

73

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Lue C. Branson

Licensed Embalmer No. 4764

P. O. Address St Louis Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.

Dr. John J. Inkley
5203 Chippewa
PL. 2-0632

all 6 2nd fl.